



DigestiveSpecialists.com

GI Hotline: **937-534-7730**

PATIENT DEMOGRAPHICS

Date _____ Patient Name _____ DOB _____ Male/Female/Other _____

Cell Phone _____ Home Phone _____ E-mail _____

Patient Address _____

Referring Doctor _____ Phone _____ Fax _____

Insurance _____ Person Completing Form _____

Providing the home address and/or email will help us reach the patient if unavailable by phone.

PHYSICIAN & LOCATION PREFERENCE

Preferred Physician (select from right)

Urgent

1st Available (choose below)

- Any
- 1st Available Male
- 1st Available Female

- David M. **Novick**, M.D.
- Marios **Pouagare**, M.D., Ph.D.
- Teresa **Patrick**, M.D.
- Narayan **Peddanna**, M.D.
- Rajkamal **Jit**, M.D.
- Bikram **Verma**, M.D.
- Malay K. **Dey**, M.D., Ph.D.
- Christopher **Barde**, M.D.
- Jigna **Thakore**, M.D.
- Salma **Akram**, M.D.
- Nagaraja **Oruganti**, M.D.
- Urmeem **Siraj**, M.D.
- Kanan **Sharma**, M.D.
- Tristan **Handler**, M.D.
- Cassandra **Steimle**, D.O.
- Michael **Sherman**, M.D.

Hospitalists:

- Mustafa **Musleh**, M.D.
- Jonathan **Kushner**, M.D.

Preferred Location

- Dayton (North)
1530 Needmore Rd
- Huber Heights
5697 Shull Rd
- Springboro
77 W. Eleanor Rd
- Sugarcreek Township (Dayton)
4340 Clys Rd

APPOINTMENT TYPE

Screening Colonoscopy

Routine, without GI Symptoms

Colonoscopy – with GI symptoms

Reason: _____

EGD – with consult without consult

Reason: _____

Consultation for Evaluation/Treatment

Reason: _____

- EUS – with consult without consult
- Esophageal Motility – with consult without consult
- Anorectal Motility – with consult without consult
- Hemorrhoid Banding
- FibroScan – with consult without consult

PLEASE FAX LAST OFFICE VISIT, LABS, RADIOLOGY & OTHER TESTS TO 937-297-2203

FAXED YES NO N/A

Digestive Specialists staff will complete the section below:

Scheduled with _____ Appointment Location _____

Appointment Date _____ Appointment Time _____

Date faxed to referring Dr. _____ Labs Received Yes No

Patient # _____ Scheduler _____